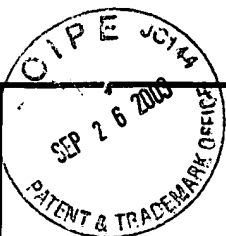


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09/29/03

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Express Mail Mailing Label No. EL954151459US

TRANSMITTAL FORM

Application Serial Number	09/708,506
Filing Date	November 9, 2000
First Named Inventor	Hartmann
Group Art Unit	1647
Examiner Name	DeBerry, Regina M.
Attorney Docket No.	MERCK-2056
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Check Attached
<input type="checkbox"/> Copy of Fee Transmittal Form

<input checked="" type="checkbox"/> Amendment/Response
<input type="checkbox"/> Preliminary
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]

<input checked="" type="checkbox"/> Petition for Extension of Time

<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Form PTO-1449
<input type="checkbox"/> Copies of IDS Citations

<input type="checkbox"/> Certified Copy of Priority Document(s)

<input checked="" type="checkbox"/> Sequence Listing submission
<input checked="" type="checkbox"/> Paper Copy/CD (10 pgs.)
<input checked="" type="checkbox"/> Computer Readable Copy (1 diskette)
<input checked="" type="checkbox"/> Statement verifying identity of above (2 pgs.) | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application

<input type="checkbox"/> Formal Drawing(s)

<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal

<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)

<input type="checkbox"/> Terminal Disclaimer

<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application

<input type="checkbox"/> Small Entity Statement

<input type="checkbox"/> CD(s) for large table or computer program

<input type="checkbox"/> Amendment After Allowance

<input type="checkbox"/> Request for Certificate of Correction
<input type="checkbox"/> Certificate of Correction (in duplicate) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences

<input type="checkbox"/> Appeal Brief (in triplicate)

<input type="checkbox"/> Status Inquiry

<input checked="" type="checkbox"/> Return Receipt Postcard

<input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8

<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8

<input type="checkbox"/> Additional Enclosure(s) (please identify below) |
|---|---|--|

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CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
 Testa, Hurwitz & Thibault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110
 Tel. No.: (617) 248-7000
 Fax No.: (617) 248-7100

SIGNATURE BLOCK

Respectfully submitted,

 Date: September 26, 2003
 Reg. No. 48,645
 Tel. No.: (617) 248-7697
 Fax No.: (617) 248-7100
 Brian Fairchild
 Agent for Applicant(s)
 Testa, Hurwitz & Thibault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110



TRANSMITTAL
FY 2003

Complete if Known

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METHOD OF PAYMENT				FEE CALCULATION (continued)																																																																																							
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2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.																																																																																											
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Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100				Respectfully submitted Date: September 26, 2003 Reg. No.: 48,645 Tel. No.: (617) 248-7697 Fax No.: (617) 248-7100 Brian Fairchild Agent for the Applicant(s) Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110																																																																																							